

SENT VIA EMAIL OR FAX ON
Jan/24/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening 5 x wk x 2 wks for 80 hrs. Right Knee

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

AADEP Certified; Whole Person Certified; Certified Electrodiagnostic Practitioner; Member of the American of Clinical Neurophysiology; Clinical practice 10+ years in Chiropractic WC WH Therapy

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Direct Medical Healthcare 6/28/10 thru 12/29/10

Letter from Patient 11/30/10

Letter from Employer 10/23/10

Bone & Joint 6/9/10

Diagnostic Health 6/2/10

EMG Report 7/7/10

FCE 11/9/10

OP Report 9/21/10

Pain & Injury Relief 8/18/10

Dr. 8/18/10

1/10/11, 11/29/10, 12/22/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury and injured his right knee on xx/xx/xx. The injured worked underwent x-rays and an MRI of the right knee. MRI of the right

knee revealed an anterior cruciate ligament partial tear, radial tear body of the medial meniscus, and joint effusion. The injured workers was referred to pain management and prescribed Norco 7.5/325mg. The injured worker was referred to Dr. orthopedic surgeon. The injured worker eventually underwent surgery to the right knee on 9/21/2010. The injured worker underwent post-operative physical therapy for 12 sessions with documented improvement and an additional 4 sessions were performed. Physical therapy dated 12/29/2010 indicated a pain level of 5/10VAS, good ROM with clicking, and constant right knee pain. On 07/07/2011 the injured worker underwent videonystagmography test for balance issues by Balance Control Diagnostics report was not signed. The injured worker underwent psychological testing on 11/10/2010. Letter dated 12/15/2010 from Medical indicated that a recent peer review for additional therapy resulted in 4 additional sessions of physical therapy with recommendations that the patient be entered into a work hardening program upon completion. Physical therapy noted 11/29/2010 indicated a pain level of 3/10VAS and restricted ROM and knee pain with squatting. Ten (10) sessions, 80-hours total, of work hardening are requested at this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The injured employee does meet the criteria for initial entrance into a work hardening program. FCE indicates that the injured worker is below the current PDA level (#4). A job description signed by the employee is in the records and records do indicate that he has a job to return to (#3). FCE was performed and indicated deficits (#4). Screening and psychological testing has been performed and evaluated (#2, #12). Physical therapy was performed and appears exhausted (#5).

(2) *Screening Documentation:* Approval of the program should include evidence of a screening evaluation. This multidisciplinary examination should include the following components: (a) History including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off work; (b) Review of systems including other non work-related medical conditions; (c) Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants); (d) Diagnostic interview with a mental health provider; (e) Determination of safety issues and accommodation at the place of work injury. Screening should include adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of a work hardening program. Development of the patient's program should reflect this assessment.

(3) *Job demands:* A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits).

(4) *Functional capacity evaluations (FCEs):* A valid FCE should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to

treatment in these programs.

(5) *Previous PT*: There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches.

(12) *Further mental health evaluation*: Based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)